



CLUSTER REGION ONE & CLUSTER REGION TWO: FORMATIVE ASSESSMENT FOR CALIFORNIA TEACHERS (FACT) TRAINING OF PROGRAM TRAINERS

DAYS 1-2 OF 4 AUGUST 24-25, 2010 <i>9:00 a.m. to 3:00 p.m. Daily</i> Hilton Concord 1970 Diamond Blvd. • Concord, CA 94520	DAYS 3-4 OF 4 SEPTEMBER 21-22, 2010 <i>9:00 a.m. to 3:00 p.m. Daily</i> Hilton Concord 1970 Diamond Blvd. • Concord, CA 94520
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**NEW Location:
Davis JUSD**

Audience:	<ul style="list-style-type: none"> • Program Directors/Leaders - those responsible for the BTSA Induction Program • Program Staff Developers/Trainers - those responsible for delivery of training to Support Providers and/or Participating Teachers • Support Providers (if they need to be trained in order to fill a "training gap" within your BTSA Induction program)
Outcomes:	<ul style="list-style-type: none"> • Overview of the FACT System with emphasis on conceptual understandings developed through Formative Assessment • Build awareness and understanding of Skill Building training for Support Providers • Provide experience with the FACT System Training and share implementation options • Ensure programs have sufficient information and materials to develop and deliver the FACT System based upon local implementation decisions
Lodging:	<ul style="list-style-type: none"> • Room reservations subject to limited availability can be made directly with hotel prior to 8/10/10 (August session) or 9/7/10 (September session) by calling 925/827-2000. Mention special FACT/\$84 rate or book directly online as noted below. <ul style="list-style-type: none"> ○ Online reservations link for August Hilton Concord Online Link August ○ Online reservations link for September Hilton Concord Online Link September
Registration:	➔ <i>Fax a copy of this form as a placeholder, two weeks prior to program start date.</i>
Cost:	➔ \$500 per person (payable to Tehama COE). Materials, morning refreshments and lunch provided. <div style="background-color: yellow; text-align: center;">NEW FEE: \$350</div>

➔ **I PLAN TO ATTEND THE FOLLOWING SESSION:**

☐ **Days 1-4: 8/24-25/10 AND 9/21-22/10**

Name: _____ <i>one name per form</i>	Program: _____
Address: _____	Title: _____
City/St/Zip: _____	Email: _____
Office #: _____	Fax #: _____

FAX THIS FORM AS A PLACEHOLDER, THEN RETURN THIS FORM & PREPAYMENT TO:
Tehama COE/Attn: Tahnee Dickerson • PO Box 689 • Red Bluff, CA 96080 • Fax 530-529-4995
REGISTRATION QUESTIONS? <mailto:tdickerson@tehamaschools.org>

CANCELLATIONS MUST BE IN WRITING AND RECEIVED NO LESS THAN 14 WORKING DAYS PRIOR TO THE PROGRAM START DATE. NO REFUND/CREDIT REQUESTS CAN BE HONORED OTHERWISE. THANK YOU FOR YOUR COOPERATION!